

Mississippi Department of Health
Childhood Lead Poisoning Prevention Program
Grant Application
Request for Proposals (RFP)

Application Issue Date: July 3, 2006
Application Submission Deadline: July 24, 2006

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Childhood Lead Poisoning Prevention Program
570 East Woodrow Wilson – Annex 118
Jackson, Mississippi 39215-1700

Request for Proposals

Background

The Childhood Lead Poisoning Prevention Program (CLPPP) was awarded funding by the Centers for Disease Control and Prevention for "Eliminating Lead Poisoning in Mississippi: A Comprehensive Primary and Secondary Prevention Approach." With this funding, the program will focus on reducing lead exposure in counties at highest risk for lead poisoning, in pregnant women, children under 6 years of age, and families in older housing. Two strategic plans, the elimination plan and screening/case management plan, will be developed and implemented statewide. The current surveillance system will be upgraded to a compatible National Electronic Disease Surveillance System (NEDSS). The CLPPP will enhance its ability to implement primary prevention activities by developing strategic partnerships with various entities, especially housing authorities and agencies.

The mission of the CLPPP is to eliminate childhood lead poisoning in the state of Mississippi by 2010. The goals of the CLPPP are to: (1) increase primary prevention activities in high risk areas and populations, (2) to develop strong collaborative relationships with entities interested in prevention childhood lead poisoning in high risk areas of the state, (3) to reduce the number of children exposed to lead each year and (4) to increase awareness of childhood lead poisoning.

Grant Application Process

A. Application submission procedures

All completed applications must be received by 5:00 p.m. on July 24, 2006 at the Mississippi Department of Health, CLPP Program, 570 East Woodrow Wilson, Jackson, MS 39215. Please submit one original and two copies, unbound. No facsimiles (faxes) will be accepted.

Grantees will be notified on or by August 1, 2006.

B. How to Apply

Grants are made on the basis of written applications only. Grant applications should be submitted on standard 8 ½ by 11 inch paper. The original and two copies should be provided, no binders please.

To be considered for a grant your organization should submit the following material in the listed order:

1. A cover page that includes the name, title, address, phone number, fax number and e-mail address of the contact persons for the lead organization.
2. Table of Contents
3. Project Description Abstract
4. Program Narrative (ten-page limit, see description on next page)
5. Provide letters of support (not included in the ten-page limit)
6. Complete the Application Summary Sheet

Program Narrative

The proposal should be ten pages or less and double spaced. The budget can be single spaced but is included in the ten-page limit. A detailed budget should include cost to support activities for this project. The proposal should:

- A. Describe why you are interested in and how you will address the problem of childhood lead poisoning in your community.
- B. Write a brief history. How have you partnered with other organizations prior to this activity? How will you partner with other organizations?
- C. Briefly describe the program activities that your group proposes to do. Provide program goals, objectives, and strategies.
- D. Address the expected benefits of the program being proposed. Devise an evaluation plan and explain the evaluation methods that will be used.
- E. Devise a budget for overall project activities not to exceed \$25,000

***Funding**

Funds will be made available through the MDH Office of Health Services to support contracts under this announcement. Applicants can qualify to receive grant awards not to exceed \$25,000 per year. A total of five awards will be made. Grants are awarded for a defined period of twelve months, to run from July 1, 2006 through June 30, 2007. Continuous annual funding is not guaranteed. Funding will be based upon grant application scores, availability of funding, and program evaluation.

The grant will not include funding for the following: equipment, abatement, and new personnel.

Organizations are required to match \$1 for every \$2 under the grant.

Sample Budget – see attachment

Eligibility Criteria

Community-based organizations, faith-based organizations, and non-profit organizations within the state of Mississippi are eligible to apply for these funds. Awards will be made to those organizations serving children birth to six years and those who could expand existing resources to CLPPP activities. This will enable programs to maximize current resources and enhance partnerships in counties/cities at higher risk for childhood lead poisoning.

Applicants must develop a long-term plan to address lead outreach and education beyond the funding period.

*MDH reserves the right to negotiate or reject any or all proposals, or cancel this RFP in its entirety.

SAMPLE BUDGET

A. Supplies

Total \$5,400

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

General Office Supplies (pens, pencils, paper, etc.)
12 months x \$200 per month = \$2,400

Educational Pamphlets
(3,000 copies @) \$1 each = \$3,000

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program.

B. Other

Total \$9,000

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Printing \$9,000

Funds are requested to cover the cost of printing additional educational materials provided by the Mississippi Department of Health CLPPP and for materials for media campaign.

C. Contractual

Total \$10,600

Grand Total: \$25,000

The following information is needed on each organization acquiring the subcontract:

1. Name of Contractor
2. Method of Selection
3. Period of Performance
4. Scope of Work
5. Method of Accountability
6. Itemized Budget and Justification

APPLICATION SUMMARY SHEET

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Contact Person: _____ Phone: _____

Budget Request: \$ _____

Project Summary:

List of partner organizations (provide name, address, and phone):

Authorizing Signature

Director of Organization: _____ Date: _____

Name (please print): _____

APPLICATION CHECKLIST

- ☐ Cover page
- ☐ Table of Contents
- ☐ Project Description Abstract
- ☐ Program Narrative (10 pages or less)
 - ☐ How you will address the problem of childhood lead poisoning in your community
 - ☐ History of your program
 - ☐ Program activities with goals, objectives, and strategies
 - ☐ Evaluation plan and methods that will be used
 - ☐ Project Budget
 - ☐ Detailed project budget, indicating cost to support activities for the project
 - ☐ Required matching \$1 for every \$2 under the grant
- ☐ Letters of Support
- ☐ Completed and signed Application Summary Sheet